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First Named Inventor	Luis B. Lopez												
Art Unit	2122												
Examiner Name	Ted T. Vo												
Attorney Docket Number	021674.0003US1												

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

OR

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City	West Covina	State	CA	Zip	91791
Country					
Telephone	714-389-9493	Fax			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	Thomas Chen		
Name	Thomas Chen		
Date	11/26/04	Telephone	(714) 389-9493

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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